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Evaluation of Santa Clara County MHSA Three Year Expenditure Plan

CSS Committee: Tricia Wynne, Paul Geggie, Aaron Carruthers, Blanca DeLeon

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The Committee reviewing this plan agreed that the Santa Clara Community Services and Supports Plan was an exceptionally good plan. There was significant evidence of transformation throughout the document, beginning with the mission statement. In addition, there are clear indications of consumer and family involvement and collaboration throughout the process and throughout the plan. For these reasons, the committee is going to keep these comments brief, rather than reiterating our compliments in every section.

The committee was pleased to see the County leverage the new dollars with existing funds to transform the mental health system; this leveraging occurred on several of the new programs with hopes for a better set of outcomes. Additionally, the County proposed several innovative programs that show great promise. Finally, the plan addresses the need to eliminate stigma by offering services and programs at nontraditional sites. The County also stated many times that transformation does not happen on its own—it involves a system redesign and a service enhancement. Santa Clara County works on both of these components throughout the plan.

Santa Clara noted in the opening narrative of every work-plan a set of specific transformation objectives that it hoped would be achieved. By establishing early in the process how success will be measured, the County creates a concrete set of measurable outcomes. The Committee was delighted to see this section throughout the plan.

A few highlights: The outreach plan, which was impressive, was made even more so by insuring that consumers and family members consistently comprised more than one third of the MHSA planning meeting participants. The list of identified community issues was thorough and the plan to address the issues was ambitious. The plan to expand a successful wraparound program for children is applauded by the committee. Further, identifying a FSP for adults who are exiting jail and have mental health and substance abuse problems was commendable. Delivering services to consumers in a variety of settings to address barriers to access and stigma reduction were given serious consideration throughout the plan. The committee particularly appreciated the Junior College partnership in which TAY will access a range of services on college campuses.

There were also a relatively small number of specific shortcomings that we hope will be addressed in next year's plan: The committee appreciates the designation of an "out of county" coordinator, but did not see a real commitment to bring individuals home for services. There was consensus on the committee that first responders need to be more fully involved in the community teams. The County acknowledged, and the committee agrees, that there should be a more robust relationship with community-based organizations and county agencies.

In work-plan C-03, the committee was unclear what the target population is—is it foster children with juvenile justice connection or both of those populations? Depending on the answer, the target population may be too broad or too narrow. The committee would like further clarification. Additionally, the committee would like further information on how the needs of individuals with HIV/AIDS are being served. The County discussed this population throughout the plan, but did not provide any detail on how that population would access services.

In work-plan, OA-01, the committee was pleased to see a full service partnership for seniors. The committee was concerned that MHSA funds not supplant other funds if services are provide to family members that might be offered through social services of Adult Protective Services.

Finally, although the county has ambitious plans to house families and consumers through a variety of work-plans, the details were vague. The committee has an abiding desire to see housing offered in every age group, but would like to hear more from the County in the future about how their housing efforts are being implemented.

CONCLUSION

Question: The overarching question for the Oversight and Accountability Commission is: "How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?" **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.